2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V57694

1. Entity Name
GJM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1440 CORAL RIDGE DRIVE #299 CORAL SPRINGS, FL 33071 US	1440 CORAL RIDGE DRIVE #299 CORAL SPRINGS, FL 33071 US

01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0351620

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEIR, MARCIA
1440 CORAL RIDGE DRIVE
STE #299
CORAL SPRINGS, FL 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000463774
03/21/06-80089-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEIR, MARCIA
STREET ADDRESS	1440 CORAL RIDGE DRIVE, #299
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	V
NAME	BEIR, GARRY
STREET ADDRESS	1440 CORAL RIDGE DR #299
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Garry Beir VP 3/10/06 954-344-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #